

# Attachment B

## Proposal Application Identification Form, Application, and Sample Table of Contents

STATE OF HAWAII  
**THE JUDICIARY**

FOR OFFICE USE

JUD APP NO. \_\_\_\_\_

**PROPOSAL APPLICATION IDENTIFICATION FORM  
RESPONSE TO RFP NO. J06060**

SERVICE SPECIFICATION NO. / CODE / DESCRIPTION: \_\_\_\_\_

Check one: ☐ INITIAL PROPOSAL APPLICATION

☐ FINAL REVISED PROPOSAL (COMPLETED ITEMS \_\_\_\_\_ - \_\_\_\_\_ ONLY)

**1. APPLICANT INFORMATION:**

LEGAL NAME: \_\_\_\_\_

DBA: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

**2. Contact person for matters involving this application:**

Name \_\_\_\_\_

Title \_\_\_\_\_

Phone # \_\_\_\_\_

Fax # \_\_\_\_\_

e-mail \_\_\_\_\_

**3. TYPE OF BUSINESS ENTITY:**

- ☐ NON PROFIT CORPORATION  
☐ FOR PROFIT CORPORATION  
☐ LIMITED LIABILITY COMPANY  
☐ SOLE PROPRIETORSHIP  
☐ PARTNERSHIP

**4. FEDERAL TAX ID #:** \_\_\_\_\_

**5. STATE TAX ID #:** \_\_\_\_\_

**6. STATE AND DATE OF INCORPORATION :** \_\_\_\_\_

**7. DESCRIPTIVE TITLE OF APPLICANT'S PROGRAM:**

**8. TARGET GROUP:**

**9. Geographic area(s) applicant is able to serve:**

- |                                       |   |
|---------------------------------------|---|
| <input type="checkbox"/> East Hawai'i | <input type="checkbox"/> Kaua'i         |
| <input type="checkbox"/> West Hawai'i | <input type="checkbox"/> Leeward O'ahu  |
| <input type="checkbox"/> Maui         | <input type="checkbox"/> Central O'ahu  |
| <input type="checkbox"/> Moloka'i     | <input type="checkbox"/> Windward O'ahu |
| <input type="checkbox"/> Lana'i       | <input type="checkbox"/> Honolulu       |

**10. General population(s) applicant is able to serve:**

- ☐ Infants and toddlers: 0-3 years of age  
☐ Children 3-5 years of age  
☐ Children: 5-10 years of age  
☐ Adolescents: 10-18 years of age  
☐ Adolescents & Adults: 18-21 years of age  
☐ Adults: 21-59+ years of age  
☐ Elders: 60+ years of age  
☐ Families

**11. FUNDING REQUEST:**

FY \_\_\_\_:

FY \_\_\_\_:

TOTAL: \_\_\_\_\_

**12. LICENSING AND BUSINESS STATUS QUALIFICATION:**

- ☐ APPLICANT IS PREREGISTERED.  
☐ APPLICANT IS NOT PREREGISTERED-FORM SPO-H-100A AND  
REQUIRED DOCUMENTATION IS ATTACHED.

TYPE NAME & TITLE OF AUTHORIZED REPRESENTATIVE: \_\_\_\_\_

\_\_\_\_\_  
AUTHORIZED SIGNATURE

\_\_\_\_\_  
NAME & TITLE

\_\_\_\_\_  
DATE SIGNED

## **Proposal Application**

### **I. Program Overview**

### **II. Experience and Capability**

#### **A. Necessary Skills**

#### **B. Experience**

#### **C. Quality Assurance and Evaluation**

#### **D. Coordination of Services**

#### **E. Facilities**

### **III. Personnel: Project Organization and Staffing**

#### **A. Proposed Staffing**

#### **B. Staff Qualifications**

#### **C. Supervision and Training**

**D. Organization Chart**

Both the “Organization-wide” and “Program” organization charts shall be attached to the Proposal Application.

**IV. Service Delivery**

**V. Financial**

**Pricing Structure**

The following budget form(s) are submitted with the Proposal Application:

**Other Financial Related Materials**

**VI. Other**

**A. Litigation**



Organization:  
RFP No:

## **Proposal Application Table of Contents**

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	<b>A. Cost Proposal</b>	
	1. SPO-H-205 Proposal Budget for FY 2006 and 2007	
	2. SPO-H-206A Budget Justification - Personnel: Salaries & Wages	
	3. SPO-H-206B Budget Justification - Personnel: Payroll Taxes and Assessments, and Fringe Benefits	
	4. SPO-H-206C Budget Justification - Travel: Interisland	
	5. SPO-H-206E Budget Justification - Contractual Services - Administrative	
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